

Application Data Sheet

**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	IMPROVED PRINTING MACHINES
Attorney Docket Number::	0502-1024
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	2
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: PIERRE  
Middle Name::  
Family Name:: SIMON  
Name Suffix::  
City of Residence:: ORLEANS  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 42, RUE ALEXANDRE DUMAS  
Address::  
City of Mailing Address:: ORLEANS  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-45100

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: BERNARD  
Middle Name::  
Family Name:: SIX  
Name Suffix::  
City of Residence:: OLIVET  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 144, RUE DES VANNEAUX  
Address::  
City of Mailing Address:: OLIVET

State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-45160

**Correspondence Information**

Correspondence Customer 00466  
Number::

**Representative Information**

Representative Customer	00466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR03/02427	7/31/03

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	02.09879	8/2/02	Yes

**Assignment Information**

Assignee Name:: KOMORI-CHAMBON SA  
Street of Mailing 6, RUE AUGUSTE RODIN  
Address::  
City of Mailing Address:: ORLEANS  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-45060